

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # H60693

1. Entity Name
FURNITURE, INC.



Principal Place of Business

**FURNITURE CLEARANCE CENTER
304 NE RACETRACK RD
FORT WALTON BEACH, FL 32547 US**

Mailing Address

**FURNITURE CLEARANCE CENTER
36 WALTER MARTIN AVENUE
FORT WALTON BEACH, FL 32548 US**



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2566530	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STIR, LESLIE
36 WALTER MARTIN AVENUE
FORT WALTON BEACH, FL 32548**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and state if applicable

NOTE: Registered Agent signature required when reappointing

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	STIR, LESLIE
STREET ADDRESS	36 WALTER MARTIN
CITY - ST - ZIP	FT WALTON BCH, FL
TITLE	P
NAME	STIR, RUTH
STREET ADDRESS	36 WALTER MARTIN
CITY - ST - ZIP	FT WALTON BEACH, FL
TITLE	VP
NAME	STIR, MARK
STREET ADDRESS	36 WALTER MARTIN RD
CITY - ST - ZIP	FORT WALTON BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000004685
01/15/04-80023-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/04

850-244-4010

Date

Daytime Phone #